

FILE DEPENDENT CLAIM
CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8	1			
9	1			
10	1			
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37		3		
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39		3		
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

U.S. GOVERNMENT PRINTING OFFICE: 1964 5-1000-1000